

Form No. 1

(1) PLACE OF BIRTH

County of Joseph
 Township of Pocataligo
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
30793

Registration District No. 2601Registered No. 63
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mattie L. Nabisham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-16-24
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kirkley Nabisham
 (9) PRESENT POSTOFFICE OF FATHER Cosawhatchie
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Station Hand Rail Road

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Cogwell
 (15) PRESENT POSTOFFICE OF MOTHER Cosawhatchie
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bonnie at 630a on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary M. M. M.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cosawhatchie

Given name added from a supplemental report

(26) Witness R. W. R. R.

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-15-24

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B. — In case of TWINS OR TRIPLETS, make SEPARATE REPORT FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McGAW OF COLUMBIA, COLUMBIA, S. C.